



**JSS MAHAVIDYAPEETHA, MYSURU**  
**JSS INSTITUTE OF SPEECH AND HEARING**

Recognized by Rehabilitation Council of India, Govt. of India  
Affiliated to Karnatak University, Dharwad

Near Tapovana, Sri Shivarathreshwara Nagar, Kelageri, Dharwad 580 007

Phone : 0836-2770775/09535714042

email: jssishdwd@gmail.com

Application for Admission to Bachelor of Audiology and Speech Language Pathology (BASLP)

Sl. No. \_\_\_\_\_

Year \_\_\_\_\_

Passport  
Size Photo

Name of the applicant (in block letters)	
Father's Name, Qualification & Occupation Mother's Name, Qualification & Occupation	
Name of the Guardian & relationship	
Date of Birth	Date      Month      Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Personal Particulars a) Place of Birth b) Nationality c) Religion d) Caste e) Sex f) Mother tongue g) Other Languages	
Address for communication - Present Address	Phone No.      Fax <input type="text"/> <input type="text"/>
a) Permanent Address	Phone No.      Fax <input type="text"/> <input type="text"/>

Institution/University and Board Last attended	
Qualifying Examination passed	
Subjects studied	
Marks obtained in each subject & Percentage	
Category under which Seat is claimed (Certificate to be enclosed)	
Total Annual income of parents	
Documents to be enclosed (Copies) a) Marks Cards of II PUC 12th Std. b) Character Certificate c) SSLC Marks Card d) Income Certificate e) Caste Certificate	

**DECLARATION**

I hereby solemnly and sincerely affirm that the statement made and information furnished in my application form and also in the enclosures there to submitted by me are true, should it, however be found that any information furnished there in is untrue in material particulars, I realize that I am liable to criminal prosecution and the seat given to me shall be Liable to be forfeited.

Signature of the Parent/Guardian

Signature of the Candidate

Place:

Place:

Date:

Date:

**FOR OFFICE USE ONLY**

Amount of fee paid: Rs.

Receipt No.:

Date:

Principal